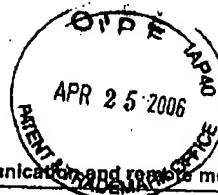


HAND DELIVERY RECEIPT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Brown, Stephen
Serial No. : 09/300,850
Filed : Apr 28, 1999
Art Unit : 3736
Examiner : ASTORINO, MICHAEL C
Title : Networked system for interactive communication and remote monitoring of individuals



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 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/300,856
Filing Date	Apr 28, 1999
First Named Inventor	Brown, Stephen
Art Unit	3738
Examiner Name	ASTORINO, MICHAEL C
Attorney Docket Number	RYA-129/DIV / 014030.0127D2US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

60683

☒ Please change the correspondence address for the above-identified application to:

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 Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name				
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Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Stephen J. Brown, President & CEO, Health Hero Network, Inc.		
Date	4-18-06	Telephone	650-779-9101 / 650-779-9105

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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